

#301D
WM**OFFICIAL**

00862.021898

PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

**RECEIVED
CENTRAL FAX CENTER**

JAN 08 2004

In re Application of:)
: Examiner: G. Liang
HIROSHI SATOMI ET AL.)
: TC/Art Unit: 2172
Application No.: 09/547,397)
:
Filed: April 11, 2000)
:
For: METHOD AND SYSTEM FOR)
PROVIDING INFORMATION :
USING KEYWORDS, AND PROGRAM)
THEREFOR (as amended) : January 8, 2004

Commissioner for Patents
Mail Stop: Non-Fee Amendment
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT

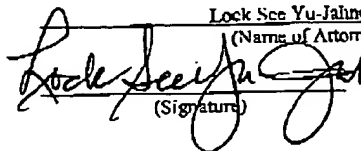
Sir:

In response to the Office Action dated October 8, 2003, the Examiner is
respectfully requested to amend the above-identified application as follows:

I hereby certify that this correspondence is being facsimile transmitted to the
United States Patent and Trademark Office (Fax No. 703-872-9306) on

January 8, 2004
(Date of Transmission)

Lock See Yu-Jahnes (Reg. No. 38,667)
(Name of Attorney for Applicants)



January 8, 2004
(Date of Signature)

RECEIVED
CENTRAL FAX CENTER

JAN 08 2004

OFFICIAL

FITZPATRICK, CELLA, HARPER & SCINTO

30 Rockefeller Plaza
New York, NY 10112-3801
(212) 218-2100

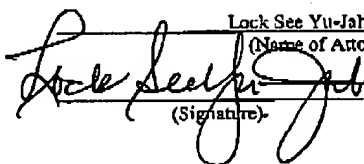
Facsimile: (212) 218-2200

FACSIMILE COVER SHEET

TO:	Examiner G. Liang USPTO - TC/Art Unit 2172		
FROM:	Lock See Yu-Jahnes (Reg. No. 38,667)		
RE:	U.S. Patent Appln. No. 09/547,397 Attorney Docket No. 00862.021898		
FAX NO.:	703-872-9306		
DATE:	January 8, 2004	NO. OF PAGES:	13
		<small>(including cover page)</small>	
TIME:	SENT BY:		

MESSAGE

Please see attached
AMENDMENT

I hereby certify that this correspondence is being facsimile transmitted to the
United States Patent and Trademark Office (Fax No. 703-872-9306) onJanuary 8, 2004
(Date of Transmission)Lock See Yu-Jahnes (Reg. No. 38,667)
(Name of Attorney for Applicants)
(Signature)January 8, 2004
(Date of Signature)

**IF YOU DO NOT RECEIVE ALL THE PAGES
PLEASE CALL 212-218-2100 AS SOON AS POSSIBLE.**

Note: We are transmitting from a Canon Model FAX-L770
(compatible with any Group I, Group II or Group III machine).

THIS FACSIMILE MESSAGE AND ACCOMPANYING DOCUMENTS ARE INTENDED ONLY FOR THE USE OF THE ADDRESSEE INDICATED ABOVE. INFORMATION THAT IS PRIVILEGED OR OTHERWISE CONFIDENTIAL MAY BE CONTAINED THEREIN. IF YOU ARE NOT THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY DISSEMINATION, REVIEW OR USE OF THIS MESSAGE, DOCUMENTS OR INFORMATION CONTAINED THEREIN IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS MESSAGE IN ERROR, PLEASE NOTIFY US IMMEDIATELY BY TELEPHONE OR FACSIMILE AND MAIL THE ORIGINAL TO US AT THE ABOVE ADDRESS. THANK YOU.

**RECEIVED
CENTRAL FAX CENTER**

JAN 08 2004

OFFICIAL

In re Application of:

HIROSHI SATOMI ET AL.

Application No.: 09/547,397

Filed: April 11, 2000

For: METHOD AND SYSTEM FOR PROVIDING
INFORMATION USING KEYWORDS, AND
PROGRAM THEREFOR (as amended)

Docket No. 00862.021898

Examiner: G. Liang

TC/Art Unit: 2172

Date: January 8, 2004

COMMISSIONER FOR PATENTS
Mail Stop: Non-Fee Amendment
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below

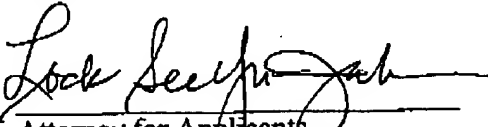
CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 6	MINUS	** 20	= 0	x \$9 \$18	0
INDEP. CLAIMS	* 3	MINUS	*** 3	= 0	x \$43 \$86	0
Fee for Multiple Dependent claims \$145°/\$290						0
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT—						0

- * If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.
 ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
 *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

☐ Verified Statement claiming small entity status is enclosed, if not filed previously.

- ☐ A check in the amount of \$_____ is enclosed.
- ☐ Charge \$_____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.
- ☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205.
- ☐ A check in the amount of \$_____ to cover the fee for a _____ month extension is enclosed.
- ☐ A check in the amount of \$_____ to cover the Information Disclosure Statement fee is enclosed.
- ☒ Applicants' undersigned attorney may be reached in our New York office by telephone at (212) 218-2100. All correspondence should continue to be directed to our address given below.

Respectfully submitted,


Attorney for Applicants
Lock See Fu JAHNES
Registration No. 38,667

FITZPATRICK, CELLA, HARPER & SCINTO
30 Rockefeller Plaza
New York, New York 10112-3800
Facsimile: (212) 218-2200

Form #120

NY_MAIN 353207v1